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MAY 09 2018

BY

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: MAY 9, 2018 Case Number: 18-111

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Carly Blom #4095

Premise Name: VETMED Consultants

Premise Address: 20610 North Cave Creek Road

City: Phoenix State: AZ Zip Code: 85024

Telephone: (602) 697-4694

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Barbara Thornberry

Address: ██████████

City: ████████ State: ████ Zip Code: ████

Home Telephone: ██████████ Cell Telephone: ██████████

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Bunny
Breed/Species: Golden Retriever
Age: 10 Sex: Female Color: Golden

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

VETMED:

Dr. Mary Ann Radlinsky 20610 N Cave Creek Road, Phoenix, AZ 6026974694
Dr. Carly Blom 20610 N Cave Creek Road, Phoenix, AZ 6026974694
Dr. Staci Brigham 20610 N Cave Creek Road, Phoenix, AZ 6026974694
Dr. T Arch Robertson 20610 N Cave Creek Road, Phoenix, AZ 6026974694
Jennifer Lundal Office Admin 20610 N Cave Creek Road, Phoenix AZ 6026974694
SQUAWPEAKDr Mike Ferrera 3165 E Lincoln D #115 Phoenix 85016 6025538855

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Barbara Thornberry 

Bill Thornberry 

Patricia Heichel 

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Barbara Thornberry

Date: 5/4/2018

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I've attached a 3 page account of Cover ups and lies and illegal activities by Dr. Carly Blom, a Veterinarian that works at the Emergency Clinic, VETMED. It's too long to type here, after I fill this page the oldest typing starts to disappear.

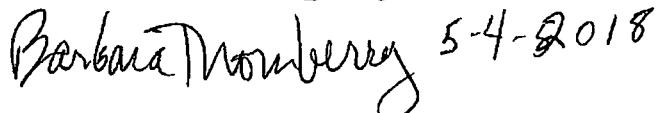
After reading there cant be any question any other Veterinarian with a moral compass and a compasssionate heart, would never consider behaving like this. She nearly killed my dog Bunny. In addition, it is Dr.T Arch Robertsons clinic, he is JUST as responsible for my dog nearly dying. His employees are out of control.

In addition to proper sanctions & fines, Id like a complete fund of services totalling VETMED \$4065.66
Squaw Peak \$1776.85

Thank you,

Sincerely,

Barbara Thornberry

 5-4-2018

May 13th and 14th 2017

Dr. Blom

My Golden Retriever was admitted to VETMED Emergency Clinic for Suspected Pyometra and underwent an ovariohysterectomy (Spay). I will describe the nightmare of events that took place on May 13th and 14th, 2017.

Cropped Image/Hole in Glove

1. Dr. Carly Blom conspired with Dr. Mary Ann Radlinsky on May 13th and 14th of 2017, to coverup a Non-sterile surgical environment they created. Together they made the decision to hide this messy, unsterile surgery by cropping/altering documents.

The first apparent document that was forged, was a photo of Bunny's uterus with Dr. Radlinsky's gloved hand in the corner. I had asked a photo to be taken of her uterus during her surgery, for my breeder records. The photo was eventually sent to me on 2 different occasions, 1 time in an email from Dr. Radlinsky and the other time the photo was in a document sent by Jennifer Lundal, Office Administrator for VETMED.

The blatant cropping/forging of this document became apparent when the same photos were compared side by side. Both copies had Bunny's uterus. And both had Dr. Radlinsky's gloved hand in the corner. The difference was, Jennifer Lundal's photo showed a HUGE hole in Dr. Radlinsky's gloved hand. And Dr. Radlinsky's photo had the incriminating hole, cropped out of it! (see attachments #10 & #11)

If you look at the paper trail on Dr. Radlinsky's email, it is apparent Dr. Blom and Dr Radlinsky compared notes before photo was sent to me. Both knew the devastation that hole would eventually cause, by the leaked bacteria into Bunny's abdomen while she was being spayed. They decided together to CUT that hole out! Problem solved! They'd just lie and pretend it never happened! The only thought crossing their minds was to keep out of trouble. Never mind that decision nearly cost my dog her life!! (See attachment #13)

Cropping a document to cover up a surgical blunder is illegal! Only people of unethical, immoral character would commit a self-serving crime like this!

Bunny's weight was NEVER taken her entire stay! Instead they GUESSED!

I was given a copy of the "Emergency Service Discharge Instructions" that Dr. Blom filled out when we picked Bunny up on May 14th, 2017. There is NO weight recorded! (See attachment #25).

Later I was emailed copies of some documents from Jennifer Lundal/Hospital Administrator. This time the documents have Bunny's weight recorded as 27kgs or 60 pounds. (See attachment #26)

Bunny's true weight is at least 75 pounds! This is verified by Squaw Peak (See attachment #18). And verified by Four-Legged friends Animal Hospital from a previous visit where she was 83 pounds! (See attachment #18) She's a big girl and as an adult has ALWAYS weighed at least 75 pounds. That's a 15-pound discrepancy! That's a difference of 20% of her body weight!

It's apparent Bunny's weight wasn't taken from the start. Bunny's intake team forgot to weigh her, so they made her weight up! (See attachment #2). They pulled from their memory, an average weight, for a female Golden Retriever, which coincidentally is 27kgs or 60 pounds, and that is what is recorded. 99% of the time they may have gotten away with it. But this time, their forgery made a catastrophic difference in her recovery!

The catastrophic result of being recorded 15 pounds too light:

1. The dosage on ALL medications was too low.

This would include any anesthesia medication delivered during surgery, any pain medication, any antibiotic, etc. They were ALL too low of a dose!

The antibiotic had the most profound, detrimental consequences. Because the dose of antibiotic was too low, the bad bacteria thrived. (See attachment #13)! Bunny got sicker and sicker.

Clavamox is what Dr. Blom and/or Dr. Radlinsky prescribed at discharge. Clavamox is prescribed at a dose of 6.25mgs per pound (See attachment #19)

Bunny was to take 375 mg twice a day. What she really required to beat the brewing nosocomial infection was 469mgs, twice a day.

Bunny didn't have enough antibiotic in her body. She could NOT combat the newly implanted bacteria from Dr. Mary Ann Radlinsky unsterile gloved hand! The nosocomial infection and ensuing peritonitis/sepsis flourished because of this!

Bunny's temperature dropped many times to dangerously low, critical levels

Dr. Blom wrote on the SOAP that Bunny was hypothermic, but didn't require a heat source (See attachment #). **Bunny's temperature dropped many times to dangerously low, critical levels** (See attachment #20). Hypothermia has a real impact on a dog's recovery and their ability of the animal to fight infections (See attachment #21). She was NEVER offered a heat source to warm her up (See attachment #22). Instead they all stood by and watched her freeze!!

Dr. Blom has on Bunny's SOAP that her electrolyte values were normal. That is NOT true! (See attachment #28). Dr. Blom discharged Bunny with ABNORMAL electrolyte values. Her abnormal values were pointing to something that was going wrong in her body. Dr. Blom chose to ignore those warning signals and instead wrote "NORMAL Electrolytes".

Bunny's charts have an extremely large quantity of Hydromorphone administered by an assortment of different people. This is very suspicious to me! Is this why mistakes were made, and bad judgement used? (See attachment #23).

Bunny's incision wasn't even looked at by Dr. Blom before discharge. I was asked to take off Bunny's bandage wrap after I got home. The wrap was around her whole torso. I've never had a dog wrapped like that for a Pyometra Spay. I looked at all the documents. I couldn't find ANY entry that Bunny's incision was even looked at since her surgery and that wrap put on!

Neither Dr. Blom nor Dr. Radlinsky faxed Bunny's records to Squaw Peak within the required 12 hours after discharge. This is required by a critical care facility, when an emergency patient goes back to primary care doctor. (see attachment #16).

1. Instead five (5) days later, Squaw Peak was the one that had to initiate the records be sent (See attachment #17). Squaw Peak had NO IDEA Bunny had been admitted to VETMED four (4) days prior. For a REFERRAL Emergency Hospital this is atrocious!!

Dr. Blom forged my signature on Bunny's Discharge Document.

1. That is deplorable and unethical! And it's illegal! She didn't even spell Barbara correctly. I have the copy that I was given at Bunny's discharge. My copy is absent my signature (see attachment #28) I've also included the forged document for comparison (See same attachment #28). Forgery is a crime.

No responsible Veterinarian would EVER forge a signature let alone crop documents!

Dr. Blom lied to me when we went to pick Bunny up on the 14th of May 2017. The day before it was agreed Dr. Radlinsky would take photos of Bunny's Uterus for me. When I spoke with Dr. Radlinsky after Bunny's surgery, Dr. Radlinsky confirmed the photos were taken and that they would be waiting for me. They would be waiting at the front desk the next day when I came to pick Bunny up. I called the next day {Sunday May 14th, 2017} to double check, and whomever answered the phone confirmed the pictures WERE there waiting.

When it came time for me to pick Bunny up from VETMED, I was told by a Julie Jewell who proclaimed she was the ER Overseer, there were NO pictures! I questioned Julie, explaining my conversation that morning with the gal that answered the phone and the conversation the night before with Dr. Radlinsky. Julie became very argumentative

I instinctively knew at that moment they were hiding something. That something went terribly wrong with Bunny and they were keeping it from me. I became just as adamant that I WAS getting those photos.

Julie got frustrated and went and got Dr. Blom. Dr. Blom came into the room with the same argumentative attitude. Dr. Blom said there are NO pictures. I would have to contact Dr. Radlinsky. I suggested she call Dr. Radlinsky now, that I'd wait. Dr. Blom looked me in the eyes and lied, stating, "We don't call employees on their days off". **We now know that Dr. Blom noticed the hole in the glove in the photo. She was buying time.**

Dr. Radlinsky is a DACVS. That is not Standard of Practice for a DACVS such as Dr. Radlinsky (See attached #27). A DACVS is required to be available, including by phone 24/7 when working for an Emergency Clinic.

Another Dr. Blom lie/forgery:

Clearly EVERY document (even though recorded wrong) was at least consistent with 27kgs as her weight. Everyone was at least consistent at NOT weighing her.

At Bunny's discharge, Dr. Blom could be seen trying to quickly finish documents, while I impatiently waited for copies. On the SOAP document, Dr. Blom was the ONLY one that had a different weight for Bunny. Bunny hadn't eaten for over 24 hours, so Dr. Blom couldn't keep her weight the same. That wouldn't make sense! So, she calculated in her mind a small weight loss (See attachment #22).

Once again, Bunny is a big girl. As an adult she has always weighed at least 75 pounds or 34 kgs. I've included her weigh-ins at Squaw Peak and A Best Friend Veterinary to verify her correct weight is at least 75 pounds (See attachment #18)

A responsible Veterinarian would never consider altering documents, forging signatures on documents, lying, coercing fellow workers.

Dr. Blom is directly responsible for my dogs near death. She is a liar. She is self-serving, irresponsible, lacks compassion, and her moral compass is in the deficit. Shame on her.

In addition to the proper disciplinary sanctions, I'd like a refund of all monies paid.

VETMED \$4065.66 (See attachment #25)

SQUAW PEAK \$1776.85 (See attachment #26)

Thank you,

Barbara Thornberry

Barbara Thornberry 5/4/2018

Re: Arizona State Veterinary Medical Examining Board

Board File #: 18-111

Timeline of Doctor care:

"Bunny" Thornberry, a 10yo Female Golden Retriever presented to the ER Service at VETMED on 5/13/17. She was diagnosed with a pyometra by *Dr. Staci Brigham*. Her recorded entry weight was 27.0 kilograms.

She was taken to surgery by *Dr. Maryanne Radlinsky* 5/13/17. Surgery was complete and she was moved into ICU recovery at approximately 5:50pm.

Her care was transferred directly to *Dr. Joanna Dombeck* for the overnight shift; on ER. Her shift was from 6pm 5/13-8am 5/14.

I (*Dr. Carly Blom*) was rounded on her case took over her care at 8am 5/14/17.

I will respond to each allegation presented by Mrs. Thornberry below:

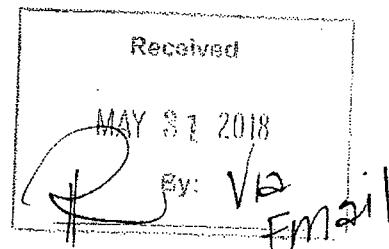
1. Photos of Bunny's uterus:

The following are the two exact e-mails sent to me by Dr. Radlinsky and directly forwarded by myself to Mrs. Thornberry. I performed NO image tampering. I did not manipulate the images in any way. If needed, I can forward on the direct e-mails to any Board Member for review. The image is locked and cannot be altered or cropped in my e-mail box. MS exchange e-mail server information can also be obtained for proof that this e-mail was not tampered with and was directly forwarded. I do agree that the image sent to me is compressed in size and scope. I deny cropping or altering these images in any way.

Image compression information as measured with MS Snipping tool:

Original Image: 836 x 630 pixels

E-mailed Image 550 x 394 pixels



2. Bunny's weight:

Bunny's weight was recorded on two separate occasions during her stay at VETMED. These were taken by two separate technicians at two different times.

27.0 kg was her entry weight; taken by Cindy VanCott at 13:00 on 5/13/17. This was documented in the emergency exam document and her Smartflow Flowsheet.

26.6 kg was her weight in ICU; recorded by Kristin Craig at 06:00 on 5/14/17. This was recorded in her Smartflow Flowsheet.

3. Dosage of medication prescribed:

This medication (Clavamox) was prescribed by Dr. Staci Brigham.

In support of her prescribing this medication:

Clavamox 375mg tablets: sig Give 1 tablet by mouth every 12 hours. At 27kg, this would be 13.9mg/kg. The labeled dose as per Plumb's Veterinary Drug Handbook, 9th Ed.:

- **Labeled Dosage (FDA-approved); Indications:** Skin and soft tissue infections such as wounds, abscesses, cellulitis, superficial/juvenile and deep pyoderma due to susceptible strains of the following organisms: β -lactamase-producing *Staphylococcus aureus* non- β -lactamase-producing *Staphylococcus aureus*, *Staphylococcus* spp., *Streptococcus* spp., and *E. coli*. **Periodontal infections** due to susceptible strains of both aerobic and anaerobic bacteria. **Dosage:** 13.75 mg/kg PO twice a day. Skin and soft tissue infections such as abscesses, cellulitis, wounds, superficial/juvenile pyoderma, and periodontal infections should be treated for 5-7 days or for 48 hours after all symptoms have subsided. If no response is seen after 5 days of treatment, therapy should be discontinued and the case reevaluated. Deep pyoderma may require treatment for 21 days; the maximum duration of treatment should not exceed 30 days.

4. Type of antibiotic prescribed:

This medication (Clavamox) was prescribed by Dr. Staci Brigham.

In support of her prescribing this medication:

Approximately 60-70% of cases are infected with *E. Coli*. The patient should be started on broad-spectrum antibiotics that are effective against gram-negative pathogens until culture and susceptibility results are available. Preferred antibiotics are amoxicillin, amoxicillin/clavulanate, enrofloxacin, gentamicin, streptomycin, sulfamethoxazole, tetracycline, and trimethoprim. A study examining antimicrobial resistance among *E. coli* strains isolated from naturally occurring pyometra cases found minimal resistance (10% or less) to the commonly used antibiotics listed above.

Small Animal Critical Care Medicine, 2nd Ed. Deborah Silverstein, Pg. 667-671

Antimicrobial resistance in *Escherichia coli* isolated from bitches with pyometra and from urine samples from other dogs.

Vet Rec. August 2005;157(7):193-6.

R Hagman ¹, C Greko



[Hide author information](#)

¹ Department of Small Animal Clinical Sciences, Swedish University of Agricultural Sciences, Uppsala.

Article Abstract

To assess whether the rates of antimicrobial susceptibility in bacteria isolated from the urine of dogs with urinary tract infections are similar to those of bacteria isolated from bitches with pyometra, the antimicrobial resistance of *Escherichia coli* isolated from the two groups were determined and compared. The samples were collected in Sweden between April 2002 and March 2003, and potential changes over time were assessed by comparing the results with corresponding data from 1991 to 1993. Among 80 isolates of *E. coli* from cases of pyometra, the proportions that were resistant to the antimicrobials used in canine practice were generally low (ampicillin 10 per cent, enrofloxacin 4 per cent, gentamicin 0 per cent, streptomycin 5 per cent, sulfamethoxazole 8 per cent, tetracycline 4 per cent and trimethoprim 2 per cent) and similar to the proportions reported previously. Significantly lower proportions of resistance were recorded among the pyometra isolates than among 92 isolates from urine samples submitted by animal hospitals to ampicillin ($P=0.04$), streptomycin ($P=0.002$) and tetracycline ($P=0.03$), but there were no differences between the pyometra isolates and 113 isolates from urine samples submitted by animal clinics.

5. Bunny's temperature was normal on 5/14/17:

Plumb's Veterinary Drug Handbook

"Normal" Vital Signs

Temperature (Rectal): Temperatures will normally fluctuate over the course of the day. The following may increase body temperature: Time of day (evening), food intake, muscular activity, approaching estrus, during gestation, high external temperatures. The following may decrease body temperature: intake of large quantities of cool fluids, time of day (morning), and low atmospheric temperature. Small breed dogs tend to have higher normal temperatures than large breeds.

Temperature	Celsius (°C)	Fahrenheit (°F)
Dog	37.5–39.2	99.5–102.5
Cat	37.8–39.5	100–102.5

January 1, 2008 (published) | January 1, 2015 (revised)

Bunny's rectal temperature was as follows on 5/14/17:

2am 99.6' F

6am 99.9' F

2pm 99.8' F

6. Bunny's electrolyte status:

Patient information

Patient ID: 68861 Bunny Spayed Female 11 Yrs. 0 Mos.
Owner: Barbara J. Thornberry Canine Retriever, Golden 27 kilogram 

1-STAT Chem 8

Status: **Posted**  5/14/2017 Sunday 10:02 AM Michelle L. Erney, VMD
Req ID: 0 INHOUSE

Test	Results	Reference Range	Low	Normal	High	Unit
NA	= 151 mmol/L	H 139 - 150				
K	= 3.2 mmol/L	L 3.4 - 4.9				
CL	= 118 mmol/L	106 - 127				
ICA	= 1.39 mmol/L	1.12 - 1.40				

Hypernatremia >155 mEq/L in dogs, hyponatremia <140mEq/L (pg. 47)

Specific causes of hypokalemia in dogs and cats: decreased intake, translocation of potassium from ECF to ICF, and excessive loss of potassium by either gastrointestinal or urinary route. Decreased intake of potassium alone is unlikely to cause hypokalemia, but it may be a contributing factor. Iatrogenic hypokalemia may develop when potassium-deficient fluids are administered. (pg. 105)

Fluid, Electrolyte, and Acid-Base Disorders in Small Animal Practice, 4th Ed. Stephen DiBartola

7. Hydromorphone dosing:

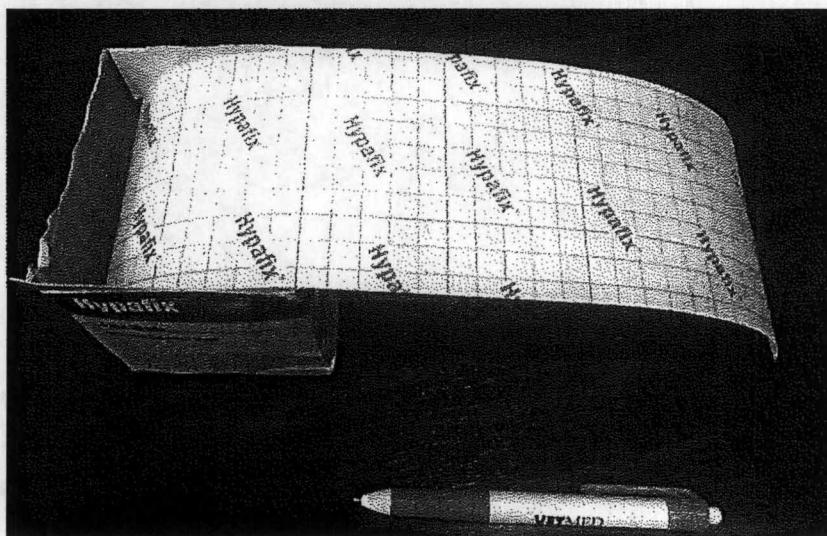
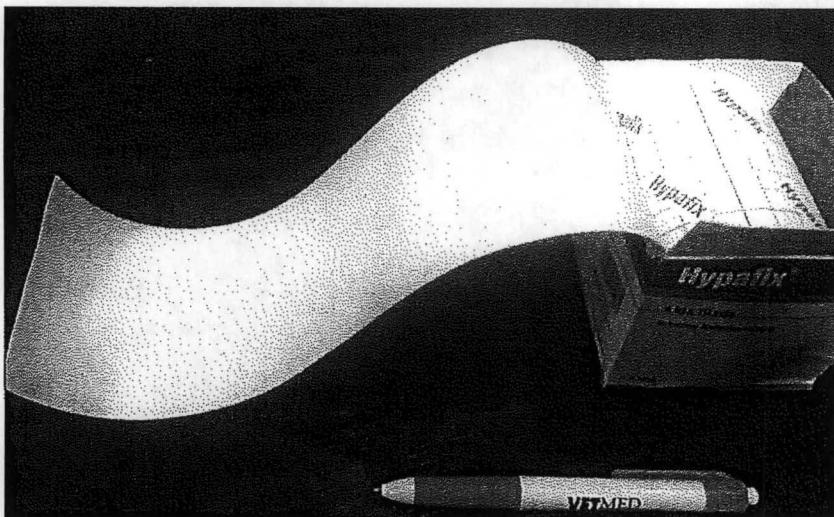
There were no doses of hydromorphone administered on my shift. The Cubex log (drug log) displayed below shows that the last dose of hydromorphone was administered at 6:56:45 am by Kristen Craig (KC)

on 5/14/17. This was scheduled as an 8am treatment but the overnight doctor (Joanna Dombeck, DVM) approved early administration. As stated above, I took over case responsibility at 8am 5/14/17.

Date/Time	Item Number	Item Description	Billed User	Type	Issue Dose	Waste	Dose Units	Cabinet	Bin	Ext Cost	
Patient: 68861 - Bunny DOB: 05/13/2007											
05/13/2017 12:20:49 pm 1595		Ampicillin Subjection 30mg/ml Inj	0 CVC:Van Cott, Cynthia	B	27.00	0.00	ML	TREATMENT	EXT01	\$0.00	
05/13/2017 12:21:00 pm 23		Lactated Ringers Inj 1000ml	0 CVC:Van Cott, Cynthia	B	-1.00	0.00	EACH	TREATMENT	05 04	\$1.25	
05/13/2017 12:21:14 pm 1C121		Hydromorphone 2mg/ml Inj	2 CVC:Van Cott, Cynthia	B	-1.40	0.00	ML	TREATMENT	02 20	\$0.51	
05/13/2017 12:23:00 pm 423		IV Ext Set 32" LL 2 Port	0 CVC:Van Cott, Cynthia	B	-1.00	0.00	EACH	TREATMENT	01 1F	\$0.00	
05/13/2017 12:23:09 pm 293		IV Bact. Solution Sel 100	0 CVC:Van Cott, Cynthia	B	-1.00	0.00	N/A	TREATMENT	01 1D	\$1.80	
05/13/2017 12:41:00 pm 1103		Cannula Locking Blunt Abb	0 CVC:Van Cott, Cynthia	B	-1.00	0.00	EACH	TREATMENT	01 16	\$0.70	
05/13/2017 12:41:24 pm 11172		Midazolam HCl 5mg/ml Inj	2 DDT:Tosh, Brianna	B	-1.00	0.00	ML	TREATMENT	02 2a	\$0.57	
05/13/2017 12:41:51 pm 128		Propofol 88 10mg/ml	0 DDT:Tosh, Brianna	B	-12.00	0.00	ML	TREATMENT	02 14	\$4.81	
05/13/2017 12:43:43 pm 1C121		Hydromorphone 2mg/ml Inj	2 KLF:Ferrig, Kathy	B	-0.07	0.00	ML	TREATMENT	02 20	\$0.25	
05/13/2017 12:45:04 pm 23		Lactated Ringers Inj 1000ml	0 KEC:Craig, Kristin	B	-1.00	0.00	EACH	TREATMENT	05 04	\$1.25	
05/13/2017 12:45:01 pm 1C121		Hydromorphone 2mg/ml Inj	2 KEC:Omg, Kristin	B	-0.07	0.00	ML	TREATMENT	02 20	\$0.25	
05/13/2017 12:45:23 pm 1M145		Clavamox 375mg Tab	1 CVC:Van Cott, Cynthia	B	-14.00	0.00	TAB	PHARMACY	07 21	\$0.00	
05/13/2017 12:49:55 pm 1M129		Tramadol HCl 50mg Tab	2 CVC:Van Cott, Cynthia	B	-30.00	0.00	TAB	TREATMENT	03 30	\$0.00	
05/14/2017 2:18:50 am 1C121		Hydromorphone 2mg/ml Inj	2 AAF:Feback, Amy	B	-1.40	0.00	N/A	TREATMENT	02 20	\$0.51	
05/14/2017 2:58:46 am 1C121		Hydromorphone 2mg/ml Inj	2 KEC:Craig, Kristin	B	-1.40	0.00	N/A	TREATMENT	02 20	\$0.51	
05/14/2017 0:48:25 am 303		I-Stat Chem 6+	6 MMG:Crane, Michelle	B	-1.00	0.00	EACH	TREATMENT	01 12	\$0.00	
05/14/2017 10:18:10 am 23		Lactated Ringers Inj 1000ml	0 MMG:Crane, Michelle	B	-1.00	0.00	EACH	TREATMENT	05 04	\$1.25	
05/14/2017 12:22:00 pm M085		Ondansetron 8mg/ml Injection	0 MMG:Crane, Michelle	B	-0.75	0.00	ML	TREATMENT	04 1B	\$0.00	
05/14/2017 12:41:08 pm 1M100		Moripant (Cereotil) tablets 60 mg	1 KLU:Whipple, Karen	B	-0.01	0.00	N/A	CARD	PHARMACY	03 05	\$0.00
Patient: 68861 - Bunny										\$13.55	
										Total Consumption Cost: \$13.55	

8. Bunny's incision was covered with a Hypafix

A Hypafix is a small, non-porous white incisional covering that we use to cover surgical incisions for the first 24 hours post-op. In the immediate post-op period, we look for strike through and they are changed if there is strike through. The surgeons routinely apply these to keep surgical incisions clean and dry and to prevent bacterial contamination.

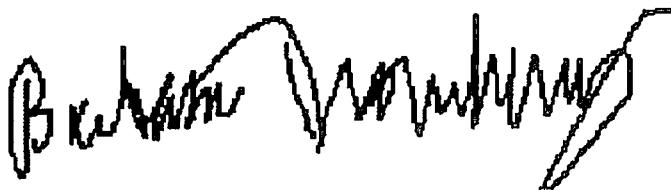


The Hypafix bandage is 4" in width. Triple antibiotic ointment is applied; covered by a Telfa pad (non-porous) and then the Hypafix covering. They are routinely removed 24-36 hours post-op.

Bunny went home 20 hours post-op. This was not a covering of her "whole torso" as described by Mrs. Thornberry. This bandage was to be removed at home in the evening by the owner at 6pm; as per the Smart Flow schedule and as discussed during discharges.

9. Alleged forgery of documents:

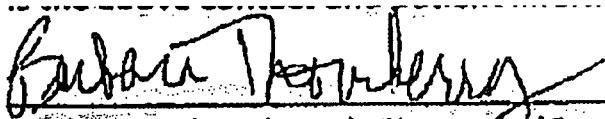
Our signatures are completed with an electronic signature pad. They are also witnessed by a technician who reads over discharges and then has them sign the document. This is the electronic signature on her discharge instructions:



Barbara J. Thornberry

Sunday, May 14, 2017

Here are other examples of her signature found on other documents:

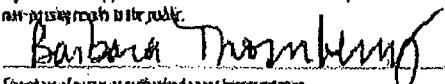
 Date: Saturday, May 13, 2017

Barbara J. Thornberry's Signature (Owner)

00/00/00 Client Information Update and Confirmation - Check in sheet

Emergency Service

I hereby certify that the animal contained in the animal described on this application / understanding that any animal results will be released to the public unless the animal is a registered owner appears in the evaluation to be below which prevents the ODA to release non-passing results to the public.


Signature of owner or authorized agent (initials)

I hereby authorize the ODA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) 

I hereby certify that the animal contained in the animal described on this application / understanding that any animal results will be released to the public unless the animal is a registered owner appears in the evaluation to be below which prevents the ODA to release non-passing results to the public.


Signature of owner or authorized agent (initials)

I hereby authorize the ODA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) 

Thank You,

Barbara Thornberry

 5/11/2018

10. The missing photos:

Ms. Thornberry picked Bunny up on 5/14/17, which was a Sunday. Dr. Radlinsky was not on shift that day. She demanded pictures of Bunny's uterus at discharge. I did not have possession of the pictures, nor did I know if any were taken. I could not provide her with the pictures and she became very irate and was combative with myself and the staff.

See the following client communication I documented in her medical record:

Client Communication "Bunny" Thornberry 68861

Date: 5/14/2017 Time: 16:41 Staff: CB

Comments: TTO about Bunny; she was furious (jumping up and down) that we did not have the pictures of the uterus that she was promised. I a/o that it is Sunday, I do not have access to any pictures that may have been taken intra-op; it is not routine for us to take pictures but if she specifically asked, they may have been taken; I am just unaware. The female owner was very angry and said that she spent \$4000 and we could not take some simple pictures. She said I need to dig through the trash and get the pictures. I a/o that we may have taken pictures, I do not have them today nor do I know if they were taken for sure. She said that she demanded that we remove her spleen because of hemangiosarcoma potential in Goldens; I do not see any notes about that at all. I read the medical record through with them present; Dr. Rad noted that the spleen was normal. She would normally not prophylactically do a splenectomy on an emergency basis and this was an emergency surgery.

I asked what they discussed with the admitting doctor, Dr. Brigham. They insisted that they NEVER met with a doctor yesterday. They said they were told there was not a doctor here upon arrival. They met with Cara. They insisted that they only spoke with Cara the entire time. I described Dr. Brigham to them; they said they did not meet with her and that she must have written all of her exam notes without them being there because they never saw or spoke with her. I asked who went over the surgery info and risk of surgery info with them; they said Cara did. They said there were two other people with them yesterday and they will verify that they never met with the doctor. I told her that Dr. Brigham was here yesterday and I was here too. They apparently told Cara that they wanted the spleen removed and they wanted pictures. She promised she would relay this to the surgeon.

I read the surgical report to them- they said that the surgeon must have made up the part about the spleen being normal because the owner "scared her".

She said that when the histopath comes back as hemangiosarcoma, "we'll see what happens." I also reviewed the estimate and there was no splenectomy on the estimate; they said they knew that but that Cara told them it would be a few hundred dollars extra.

I gave them Jennifer Lundal's information- they will be contacting her tomorrow.

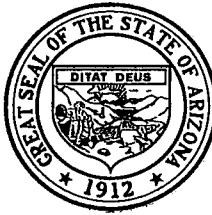
In conclusion, I believe I met the standard of care in my care of Bunny Thornberry. Her vital signs were stable post-operatively. She was well hydrated. Her systolic blood pressure was 114mmHg. She was not vomiting and did not have any diarrhea. She had no fever. She had transitioned to PO medications. She had taken two doses of oral Tramadol and a dose of oral Clavamox. She was bright, alert and responsive and was wagging her tail. As described by the owner in her complaint; she would roll over for belly rubs. She did not yet have interest in food and the owner was advised of this; but the owner elected to take home anyway as she felt Bunny would eat better at home. As documented in her medical record, Mrs. Thornberry called to take her home at 11:30am and I recommended that she stayed at least the day. The owner reluctantly allowed me to keep her until 4:30pm but was highly motivated to take her home regardless of her appetite.

Let the record reflect that her weight was taken twice, on two occasions, by two different technicians. Her antibiotic dosing was appropriate and it was an appropriate antibiotic choice for pyometra (with culture pending). The discharge instructions were signed by Barbara Thornberry. With regard to the photos, the records show that they were e-mailed to me by Dr. Radlinsky, and I directly forwarded them to Mrs. Thornberry without any image editing. I vehemently deny any cover-up, forgery, lying or coercion and am deeply offended by these baseless accusations.

Sincerely,

Carly Blom, DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Donald Noah, D.V.M. - Chair
Amrit Rai, D.V.M.
Adam Almaraz
Christine Butkiewicz, D.V.M.
William Hamilton

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Michael Rainne, Assistant Attorney General

RE: Case: 18-111

Complainant(s): Barbara Thornberry

Respondent(s): Carly Blom, DVM (License: 4095)

SUMMARY:

Complaint Received at Board Office: 5/9/18

Committee Discussion: 9/11/18

Board IIR: 10/17/19

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014

(Salmon); Rules as Revised September 2013 (Yellow)

On May 13, 2017, "Bunny," a 10-year-old intact female Golden Retriever was presented to Dr. Brigham due to lethargy and unwillingness to get up and walk. An abbreviated abdominal ultrasound was performed and pyometra was suspected based on the results and clinical signs; surgery was recommended.

Dr. Radlinsky performed the ovariohysterectomy and evaluated the spleen as requested by Complainant. Uterine fluid was obtained for culture and the uterus was submitted for histopathology.

On May 14, 2018, Respondent took over the dog's care and discharged the dog later that day.

On May 18, 2018, the dog was presented to Squaw Peak Animal Hospital where emergency surgery was performed. Adhesions were found and a section of the jejunum required resection and anastomosis.

Culture revealed *pseudomonas aeruginosa* and histopathology of the uterus revealed necrotizing endometritis.

Complainant contends Respondent was negligent in the care of the dog.

Complainant was noticed and appeared. Witness, Ms. Patricia Heichel appeared.

Respondent was noticed and appeared with counsel, Reed Campbell.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Barbara Thornberry
- Respondent(s) narrative/medical record: Carly Blom, DVM
- Witness(es) narrative: Bill Thornberry and Patricia Heichel

PROPOSED 'FINDINGS of FACT':

1. On May 13, 2017, the dog was presented to Dr. Brigham due to lethargy and unwillingness to get up or walk. Complainant reported that her last heat cycle was approximately 10 days earlier, she has had previous litters and Complainant administered SQ fluids at home the previous day. Upon exam, the dog had a weight = 27kgs (Complainant believes the dog actually weighed 34kgs), a temperature = 102.3 degrees, a heart rate = 130bpm and a respiration rate = panting. The abdomen palpated distended, firm and painful; there was blood tinged vulvar discharge and the dog was ambulatory on all four limbs without lameness.

2. Dr. Brigham discussed her concerns for pyometra and performed an abbreviated abdominal ultrasound. The ultrasound revealed uteromegaly and echogenic fluid within the uterine horns and body. There was no evidence of pregnancy and she did not see free abdominal effusion. After noting that the dog had a fluid filled and distended uterus, Dr. Brigham was confident that the dog had a pyometra. Dr. Brigham discussed her diagnosis with Complainant and recommended surgery. They spoke at length about the procedure and the fact that the dog would need to be spayed. At this time, Complainant asked for the dog's spleen to be evaluated and inquired about a potential splenectomy. Dr. Brigham explained that Dr. Radlinsky would be performing the procedure and would only consider a splenectomy if she observed a problem as additional problems could arise from combining an elective surgery with the ovariohysterectomy. She stated that Complainant reviewed the invoice and approved the estimate for surgery.

3. According to Complainant, she did not approve an abdominal exploratory as the paperwork indicates.

4. Dr. Brigham collected blood for testing and had an IV catheter placed. Blood work showed leukocytosis, hyperglobulinemia and mild anemia. Lactated Ringer's Solution was started. The dog was administered hydromorphone and unaysn IV and was transferred the dog to Dr. Radlinsky to perform the ovariohysterectomy. Dr. Brigham advised Dr. Radlinsky's team that Complainant requested that the dog's spleen be evaluated at some point during the procedure.

5. Dr. Radlinsky called Complainant before the surgery to address any questions she had regarding the procedure, the dog's diagnosis, and prognosis. Complainant requested photos of the uterus be taken during surgery.

6. The dog was induced with midazolam and propofol, intubated and maintained on isoflurane

and oxygen. The surgery was performed and Dr. Radlinsky reported that the uterus was large and vascular. The spleen was normal. The abdomen was lavaged and suctioned after the infected uterus was removed. No hemorrhage was noted in the lavage. The abdomen was closed. Dr. Radlinsky aspirated the uterus and sanguinous fluid was removed and submitted for culture and susceptibility; the uterus was also submitted for histopathologic evaluation. Cerenia was added to the dog's treatment regime.

7. Dr. Radlinsky stated that the dog remained stable throughout the procedure except for the mild hypothermia related to general anesthesia and open abdominal surgery. To address this, the dog was provided with a heated blanket during surgery, the abdomen was flushed with warm saline, and the surgery was performed on a warming surgical table to provide an additional heat source.

8. After the procedure, Dr. Radlinsky spoke with Complainant to let her know that the surgery went well and the dog was going to stay overnight on IV fluids and pain medication. Complainant asked if the spleen was removed; Dr. Radlinsky advised that the spleen looked fine therefore there was no reason to remove the spleen. She also relayed that there was more blood in the uterus compared to normal, but suspected it was due to the recent estrus. Samples were submitted for culture and biopsy to ensure there was nothing else to be concerned about.

9. The dog's care was transferred to Dr. Dombeck for the overnight shift.

10. On May 14, 2017, 8am, Dr. Blom took over the care of the dog. Dr. Blom examined the dog; weight = 26.6kg, temperature = 99.9 degrees, a heart rate = 100bpm and a respiration rate = 40rpm. The dog had not been interested in food and water and she was BAR. Dr. Blom noted that the dog had some dried blood around the vulva but no active discharge at that time. The bandage over the incision was clean and dry. The plan was to continue IV fluids, hydromorphone, unasyn, and cerenia. Dr. Blom wanted to transition to oral tramadol and Clavamox pending culture and sensitivity. Due to the dog's inappetence ondansetron was added to the dog's treatment regime. Blood work would also be rechecked.

11. Dr. Blom phoned Complainant with an update on the dog. She advised that the dog was not eating or drinking yet, Complainant was motivated to take the dog home as she felt the dog would do better but agreed to keep the dog hospitalized until the afternoon.

12. At discharge, Dr. Blom met with Complainant. She was upset that they did not have pictures of the uterus as she had requested. Dr. Blom stated that at that time she did not have access to the photographs that may have been taken during the procedure. Additionally, Complainant stated that she demanded that the dog's spleen be removed due to the potential for hemangiosarcoma in the breed. Dr. Blom relayed that Dr. Radlinsky documented that the spleen was normal and she would not prophylactically perform a splenectomy on an emergency basis like this procedure.

13. Dr. Blom asked what was discussed with the admitting doctor, Dr. Brigham. Complainant insisted that she never met with a doctor, only staff. She told staff that they wanted the spleen removed and pictures of the procedure. Dr. Blom gave Complainant the hospital administrator information so she could assist with her concerns.

14. On May 17, 2017, Complainant called to report the dog was constipated. Dr. Blom suggested, through staff, canned pumpkin. Complainant was upset with staff and wanted to speak with the hospital administrator to complain.

15. Later that day, Dr. Blom returned Complainant's call. Dr. Blom explained that constipation could be due to ileus, narcotics, etc and would need to examine the dog to determine if the dog was indeed constipated. Diarrhea could also cause tenesmus. Complainant cited financial constraints and could not afford to bring the dog in to be seen by VETMED or her regular veterinarian. Complainant asked Dr. Blom for a enema dosage. Dr. Blom said that she could not give her one and would not recommend administering the dog a human enema. Dr. Blom recommended continuing cerenia and they could consider an appetite stimulant since the dog's appetite was not fully back. At this point, Complainant began yelling at the top of her lungs and grunting on phone, using profanities, claiming Dr. Blom does not want to help; Complainant hung up on Dr. Blom before she could relay the preliminary culture results.

16. On May 18, 2017, the dog was presented to Dr. Ferrera due to not eating or drinking and straining to urinate and defecate. The dog underwent a pyometra surgery on May 13th and the dog was on Clavamox, but Complainant discontinued the tramadol due to constipation. Culture was taken from uterine fluid and the uterus was submitted for histopathology. Upon exam, the dog had a weight = 75 pounds, a temperature = 104.3 degrees, a heart rate = 130bpm and a respiration rate = panting. Dr. Ferrera noted that the dog had a pendulous abdomen that appeared fluid filled and a mass like effect could be palpated in the caudal abdomen. PCV = 28%, WBC 29k. Radiographs revealed loss of detail at linea intra-abdominal, possible fluid opacity. Dr. Ferrera's assessment was sepsis, fluid in abdomen. Surgery was recommended and approved by Complainant.

17. An IV catheter was placed, normasol-R fluids were initiated and the dog was induced with propofol and maintained on isoflurane and oxygen. The exploratory revealed that the falciform ligament was inflamed and partially necrotic. There were multiple adhesions of the intestine and omentum and the falciform. The falciform was resected. There was some pink tinged fluid free in the abdominal cavity. There was also multiple adhesions at the level of the uterine stump. The stump was black and adhesed to the bladder and the colon. The adhesions were creating a strange angle for the bladder and the colon likely causing the straining to urinate and defecate. The adhesions were removed, and the affected areas of the stump were resected. In the area of the left ovarian pedicle there was a large adhesion to the jejunum. Dr. Ferrera removed the adhesion to find that a section of the jejunum was compromised and resection and anastomosis was required. In the area of the right ovarian pedicle was a small adhesion and slight oozing from the right pedicle. It was religated. The abdomen was lavaged and suctioned multiple times and closed. The dog was administered morphine and baytril.

18. The dog was discharge later that day with instructions to continue Clavamox and tramadol. Once Dr. Ferrera received the culture results from VETMED he would contact Complainant.

19. On May 18, 2017, Dr. Radlinsky called Complainant's regular veterinarian's office to make them aware that preliminary culture results came back as pseudomonas aeruginosa. They requested them to be faxed over.

20. The following day, Dr. Ferrera had staff contact Complainant to advise her of the culture results and the need to change antibiotics to marbofloxacin. A prescription was called in to a compounding pharmacy.

21. On May 23, 2017, the histopathology results revealed a necrotizing endometritis. Dr. Ferrera phoned Complainant to relay the results and check on the dog. Complainant reported that the dog was recovering well; eating and drinking.

COMMITTEE DISCUSSION:

The Committee discussed that every surgery is essentially an exploratory surgery as a doctor still needs to visually confirm what diagnostics have possibly revealed. Whether the procedure was labeled a pyometra, a spay or an exploratory surgery, it would have resulted in the same actions.

The Committee stated that the dog presented as a routine pyometra, however it turned out involve a rare bacterial complication – *pseudomonas aeruginosa* an atypical, aggressive pathogen. Due to Respondents' care and treatment of the dog, the dog's life was saved. The Committee was comfortable that the medical records were made available to Complainant's regular veterinarian, Dr. Ferrera, in a timely manner.

The Committee discussed that after reviewing all of the case file materials, they failed to see evidence of intentional wrong-doing or attempts to cover up anything. The medical records, and the outcome of this case, support that the doctors exercised more than reasonable care. Standard of care is to meet the medical needs of a patient at that time. The pyometra was found via ultrasound; performing radiographs or another ultrasound would not have given them anymore information and saved Complainant on costs and time. Additionally, performing an elective splenectomy at the same time of the pyometra would not have been appropriate.

Complainant went through the medical records and performed online searches to help interpret the information with the intention of recouping the fees associated with the dog's care and treatment.

Due to the type of pathogen found the Committee was not surprised to hear that the second surgery revealed adhesions and serosanguinous fluid in the abdomen. It takes a few days to get results of a culture back which is why Dr. Ferrera did not perform another one. Once he had the results, appropriate changes in medication were made.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

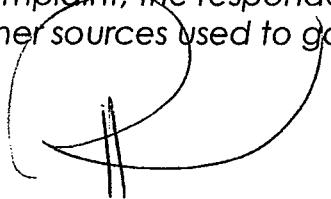
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division